

**CONTRACTOR'S
LETTERHEAD / STATIONARY**

**ST. MARY'S COUNTY DEPARTMENT OF SOCIAL SERVICES
AFTER-HOURS CRISIS LINE SERVICES**

I N V O I C E

Contractor's Name:

Address:

Federal Tax I.D. #:

Purchase Order #:

Telephone #:

Fax #:

Bill To:

Jill Potts, Procurement

St. Mary's County Dept of Social Services

PO Box 509

Leonardtown, MD 20650

Monthly Expense (1/12 of Annual Amount)	Approved Annual Budget	Available Balance	Year-to-Date Expenditure
\$	\$	\$	\$

Contractor's Project Manager

Date

FOR SMCDSS USE ONLY

Approved for payment on: _____ **By:** _____